

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEES DETERMINATION        | Solomon M |        | 07-27-01 |
| O.I.P.E. CLASSIFIER       |           |        |          |
| FORMALITY REVIEW          | JFH       | 953    | 08-31-01 |
| RESPONSE FORMALITY REVIEW |           |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
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| Final    |         |
| Original |         |
| 1        | 3/10/01 |
| 2        | 3/10/01 |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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